

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7						
8		1				
9		1				
10		1				
11		1				
12		1				
13		2				
14	1					
15		1				
16		1				
17		1				
18		1				
19		9				
20	1					
21		1				
22		1				
23		1				
24		1				
25		2				
26						
27						
28						
29						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

TOTAL IND.

5

TOTAL DEP.

24

TOTAL CLAIMS

29

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS